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ALETHIES AND AIGH DISCLOSURE 80

FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: lowa Ethics and Campaign Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Siled 1-17-2012

electronically.
Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically	Reset Form	7		
	KESEL FULL		· ~	P/
COMMITTEE NAME (Must be same as on Statement of Organi.	zation)		<u> </u>	11.7
Rohwedder for Su	LPERVISOR		ORM R-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for:		–	v. 12/2009)	REPORT
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate	te (7) School Board or Other Political		Alfan Uan Au	
Subdivision Candidate (8) County PAC (9) City PAC (10) School Box 11) Local Ballot lesue	ard or Other Political Subdivision PAC	\ I	Office Use Or	3576
CANDIDATE COMMITTEES ONLY:		=	and In RID	
Candidata Name	Political Party (if applicable)	Scar	nned \$15	
IVED KOHWEDDER	republican_	Con	puter	
Office Sought County Sweer visor	District (if Senate or House)	Aud	ited	
Late reports are subject to possible civil and criminal penalties. Pursu	ent to lowe Code sections 689,32A/	7) and 68A.4	401(3), the ca	ndidate, for a
candidate's committee, and the chairperson, for any other type of con	nmittee, is the individual responsible	for filling tim	ely and accun	ate reports.
				•
VED TOHWEARER	3194842693		<u>-16-3</u>	<u>012</u>
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
1 10 9 -12				
AM FILING A 1-19-2012	REPORT FOR (1) ELECTION	-	LECTION YE	AR.
(report date)	Indicate by			
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	ittees, enter Di	ste of Election
PPI Alt It If it to the South its medical base and asked blacker of	Dissolution Emm DD 2			
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DIV-5.	County & Lo which Election		s, enter County in
STATEMENT OF CASH ON HAND				
	d of all funds haid by the			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the ca	ach on hand at the end		\$17	3.97
of the last reporting period or must be zero if this is fire	t report fied.)	\$		.5,7[
ADD TOTAL MONEY TAKEN IN THIS PERIOD				<u> </u>
Schedule A: Cash Contributions total (Attach Schedul			-	<u>~</u>
Schedule F: Loans Received total (Attach Schedule F			£ 38	<u> 2U.                                    </u>
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)			
(Schedule H applies to Candidates' Comm				
	SUB-TOTAL	\$		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			<b>*</b> (	12 80
Schedule B: Expenditures total (Attach Schedule B) (	"also see debts and loans below)			15'80
Schedule F: Loan Repayments total (Attach Schedule	B F)	*******	- F-M.	<u>, O</u>
CASH ON HAND at the end of this reporting period (If final repo	ort balance must be zero)	\$	13	21.1
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		O
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched				0
**OUTSTANDING LOANS (From Schedule F - Attach Schedul				1500
CONSULTANT BREAKDOWN (Schedule G Attached?)	•		YES X	_ NO
CANDIDATE COMMITTEES ONLY:		<del></del>	. <del></del> -	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	ch Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign accour		ch year.	-	•
		•		

or Instructio	ns, See Back of Fo	rm	Reset Form	SCHEDUL	- 1	
	ONS MONEY TAK			(Rev. 07/03	MONETA RECEIF	
	g candidate's personal fund		٦	_	HECK THIS BO	
		es on Statement of Organization)		A	MENDING FOR	(MA
TATE CANDIDA	FER MOTE, IF A CONTRIC	HITION IS DECEMEN FROM A STATE DAY (POLITICAL A	 CTION COMMITTEE\	LIST THE PAC	IDENTIFICATIO	 N
NUMBER AND THE	PAC CHECK NUMBER IN T	THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS	AVAILABLE FROM T	HE IOWA ETHIC	S AND CAMPA	ĞN
IOTE: ANY PER	SON, OTHER THAN AN ES AND SHOULD IMME	INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$ DIATELY CONTACT THE BOARD.	750 TO YOUR CAA	MPAIGN MAY	HAVE FILING	•
AUTION: Sectionmercial purp	ion 68B.32A(6), prohibitose by any person other	is the use of information copied from reports and a r than statutory political committees.	statements for soil	citing contribu	itions or for a	ny
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	TO CAN	ONSHIP DIDATE* licable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1 5.1- 1	ID#					
K-X-M	СК#	·				L
	ID#					
	CK#					
	ID#					
	CK#					
	ID#					
	CK#			1		<u> </u>
	ID#					
	CK#					<u> </u>
	ID#					
	СК#					<b> </b>
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	CK#					\ <u></u>
	ID#					T
•	ск#					
			SUB-	OTAL	s O	

Page of (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

		ame as on Statement of Organization)		
Kol	Nwedder	r for Supervisi	OY .	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-25-12	CK#	Citizens St. Bank	Service Chg tax on ServiceCh.	*10. \$ .70
3-21-13	deduction CR#	Citizens St.Bank	Service Chg tax on ServiceCh.	.70
327-12	CK# (\	11 11	Service Chg. tax on Service Ch	*10. .70
435-12	CK# ('	ce te n	Service Chg tax on Service Chg.	10. .70
	ID# CK#			
	ID# CK#			
	ID# CK#		,	
	ID# CK#			
L			SUB-TOTAL	1842.80
			TOTAL (If last page of this schedule)	

THIS BO	X APP	LIES TO	CANDIDAT	ES' COMMIT	rees only:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

	•					
					1	
B	•	•	-2	- 4		
Page	1	i e	O:			

NOTE: Debts pre	ME (Must be same as on Statement of Organization)  ME (Must be same as on Statement of Organization)  ME (Must be same as on Statement of Organization)  MOULD STATEMENT OF SUPERIOR STATEMENT OF STATEM	Reset Form	CHEDULE D IN Rev. 08/98) INDE CHECK T IF AMENI FORM  In "incurred debt" is oods or services of the reporting	HIS BOX DING
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	Ī	egardiess of wheth les been received. IR BALANCI CLO REPO	er an invoice E OWED AT SE OF ORTING RIOD*
				:
		SUB-	TOTAL S	<u> </u>
	TOTAL DEBTS OWED BY COMMITTEE AT TH	E END OF THIS REPORTING F	ERIOD \$	0

\*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:

"Incurred indebtsdress also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or produces services for items such as advertising, fund-relaing, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

(for Schedule D)

01/17/2012 14:29

	NAME (Must be same as on Statement of Organiza  Sh wedder for Supe	tion) V V SOL	Reset Form	(Rev. 06/67) C	IN-KIND ONTRIBUTIONS HIS BOX IF IG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
				\$	
<u></u>					
·			SUB-TOTAL TOTAL (if last page of this schedule)	0	
committee. R by marriage).	w requires candidates to disclose the relationship of elationship must be shown to the third degree of cor (See Page 2 of forms packet.) If surname of contr inship, enter "not applicable" in the relationship colum	reanguinity (blood reid ibutor is the same as	idves) and affinity (relative	58	of (for Schedule E)

Rohi	SEE BACK OF FORM  fust be same as on Statement of Organization)  Licharder For Superuisor  reports money loaned to the committee which is deposited in the co	RESET	SCHEDULE F (Rev. 02/08) RECEN & REPA CHECK THIS BO AMENDING FORM
TI- MONETARY	IS FROM LAST REPORTING PERIOD \$  LOANS RECEIVED THIS REPORTING PERIOD party is involved to the shown if a third party is involved.	ed. Include loans from candi	date's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF LOAN
4-7-11	NED ROHWEDDER Olin, IA	self	250
ART II - MONETA (Loans for	RY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD given must be reported on Schedule E — in-kind Contributions.)	TOTAL (PART I)	, 250
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicate	AMOUNT REPAID
(MM/DD/YR)	(Brance Cristoses e rente, si Appropre)		\$
			11.00
·			
	TOTAL CASH R	EPAYMENTS (PART II)	\$
	From Schedule E - TOTAL  TOTAL OUTSTANDING LOANS EN		, 2500